Master's Theses   University of Connecticut Graduate School

5-6-2017

Exploring the Medical Model Organizational Structure on the Collegiate Athletic Trainer's Quality of Life: A Case Study

Steven T. Gerhart
University of Connecticut, steven.gerhart@uconn.edu

Exploring the Medical Model Organizational Structure on the Collegiate Athletic Trainer's

Quality of Life: A Case Study

Steven T. Gerhart, ATC

B.S. West Chester University, 2015

A Thesis

Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Science

At the

University of Connecticut

2017

Approval Page

Master of Science Thesis

Exploring the Medical Model Organizational Structure on the Collegiate Athletic Trainer's

Quality of Life: A Case Study

Presented by:

Steven T. Gerhart, BS, ATC

Major Advisor: _____

Stephanie M. Mazerolle, Ph.D., ATC

Associate Advisor: _____

Craig R. Denegar, Ph.D., P.T.

Associate Advisor: _____

Lindsey K. Lepley, Ph.D., ATC

University of Connecticut

2017

Acknowledgements

My Fiancé: Kate- our graduate school paths took us farther apart geographically than we have ever been. Despite the physical distance, you continually found ways to keep my spirits up and support me from afar. I have never once doubted that you will continue to walk beside me through all the challenges life brings. I cannot thank you enough for all that you have done to help me succeed these past two years. I love you.

My Family: Mom, Dad, Emma, Harry- The dynamic we have had as a family and the lessons you have all taught me have shaped me into the person I am today. Never once in my 24 years have I ever felt as though I was without support. From school events, to sporting events, to life choices you have supported through the good times and bad. I am truly blessed to call you my family. I love you all.

Bob Howard and Tony Salvatore: It is incredible to think about the positive impact both of you have had on me over the past two years. From athletic training skills to life skills, I have grown tremendously thanks to you guys. I would be lying if I said it was not stressful at times, but as Bob would say "stress is a good thing" and I thank you for that. Your mentorship has really helped to prepare me for the next step in my career.

Dr. Mazerolle: I could not have completed this paper without you. Your consistent guidance and mentorship throughout the entire research process has made this task much less daunting. Your overwhelming knowledge of this topic area was such a vital resource. I appreciate your flexibility in working around my clinical schedule because I know that is no small task. Thank you.

Dr. Denegar and Dr. Lepley: Thank you both for your continued support over the past two years. Both of you have positively impacted my experiences at UCONN and have contributed a great deal in helping me complete my master's degree.

Christy Eason and Jessica Barrett: I cannot thank both of you enough for the time you spent with me working of this research project. From conducting interviews, to editing my papers, to coaching me through my presentation, you two have done it all. I truly value the time and effort you each put into helping me create a paper and presentation I could be proud of.

Claire Geyer: Thank you for all your help managing various documents and helping to streamline my data analysis. I really appreciate the way you completed each task with a great attention to detail.

My Friends: While many of you may not know much about the contents of this paper, you were all a vital part of its existence. I always knew you were in my corner and wishing the best for me. Your efforts to help me unwind and relax during breaks helped counteract the stressors of the graduate school experience. Thank you.

Table of Contents

Abstract

Exploring the Medical Model Organizational Structure on the Collegiate Athletic Trainers Quality of Life: A Case Study

Steven T. Gerhart, BS, ATC

Department of Kinesiology, University of Connecticut

Purpose. The purpose of this study was to gain the perspective of athletic trainers employed at a university using the medical model as its organizational infrastructure as it relates to job satisfaction, professional commitment, work-life conflict. **Methods.** Data from our participants were collected through semi-structured interviews as well as a demographic questionnaire. We utilized data source triangulation and peer-review to establish credibility. A general inductive process was used for analysis. **Results.** Three common themes emerged that affected quality of life. Role congruity addressed the participants' awareness of their role and how they contributed within the department. Worktime control was defined as the ability to effortlessly modify one's work schedule in response to their daily needs. Collegial relationships refers to the sense of community, collegiality, and cohesion between the staff members within the department. **Conclusion.** Working in the medical model organizational infrastructure positively affect the athletic trainer's quality of life.

Review of the Literature

Introduction

      Athletic training is a unique profession that allows individuals in the field to work in

various job settings including hospitals, physical therapy clinics, large corporations, military

organizations, and the traditional sports setting. The traditional sports setting can be separated

into club/ recreational sports, middle school athletics, interscholastic high school athletics,

intercollegiate athletics, and professional sports. Athletic trainers (AT's) working in the

traditional sports setting face unique challenges as they work alongside other professionals in the

athletics organization. Certain organizational structures present different challenges based on the

model they endorse.

JOB SETTING	PERCENTAGE OF ALL ATHELTIC TRAINERS
College/University	19%
Secondary School	18%
Clinic and Hospital	17%
Students	27%
Professional Sports	2%
Emerging Settings (Performing Arts, Public Safety, Military, Public Health)	2%

Table 1: Current percentages as they relate to job settings in athletic training. [1]

 Examples of models that house athletic training in the sports realm include the traditional

athletics model, the academic model, and the medical model. The traditional athletics model

requires athletic training departments to report directly to athletics administrators as the

department is housed under the department of athletics. The academic model often puts the AT

in a unique situation consisting of a dual role. Athletic trainers working in the academic model

often teach in the classroom as well as practice clinically at the school in which they are

employed. Within the academic model AT's often report to the Dean. The medical model, on the

other hand, takes a different approach and creates a structure where AT's report directly to medical professionals (i.e. student health services). A great deal of research has been conducted in an effort to explain the challenges of each model and determine what factors help to increase the overall health and well-being of employees in this field. This review will focus primarily on 4 common areas that contribute to the overall well-being of professionals working in athletic training. These themes include: work-life balance (WLB), professional commitment, job satisfaction, and organizational structure. The current literature presents these topics from various perspectives, however, this paper will focus primarily on how these topic areas contribute to the overall quality of life for professionals working in athletic training.

Organizational Culture and Workplace Setting

As mentioned before, AT's can work in a variety of settings which increases the diversity of the people and places an AT will encounter while performing daily tasks. This increase in diversity can sometimes put individuals in a situation where the workplace environment and organizational structure do not mesh with the values or needs of the individual. [2–4] This disagreement in values can potentially put a strain on the employee and employer. Conversely, it is reasonable to assume that if the culture and structure of an organization meets the needs of the individual then little to no strain will exist. Given this causal relationship the organizational structure and workplace setting play an important role in WLB. [3,5–9]

Organizational Culture and Workplace Setting Defined

As a working definition organizational structure refers to the hierarchy of individuals within an organization and how those individuals interact with one another. Currently, there are three common forms of organizational structure within the profession of athletic training. The first, the athletics model, places the AT staff within the department of athletics. Athletic trainers,

as a part of the athletics department, most often report directly to their head AT or department supervisor whom then reports to the athletic director. The second structure of organization is the academic model. In the academic model the AT staff is often housed within a particular school (ie. College of Health Sciences) and often may hold a dual role in both teaching and clinical athletic training. Athletic trainers in this structure type report directly to the Dean of the school as opposed to an individual in athletics. Finally, the last structure type is the medical model. The medical model places AT services underneath the umbrella of school health services or a nearby hospital with physicians who work at the particular school or university. In the medical model AT's report directly to physicians and other medical professionals. Each structure type has its own pro's and con's and the decision to choose a particular structure type is often based off of the resources available to each school/team.

Any organization with strong membership and a shared goal will develop some type of culture. Culture can be defined as "a pattern of shared basic assumptions learned by a group as it solved it's problems of external adaptation and internal integration, which has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." [10 p. 72] Culture is made up of three different levels: artifacts, espoused beliefs and values, and basic underlying assumptions. [11] When approaching a new group of people the things we see, hear, and feel are known as artifacts. [11] Artifacts can include language, technology, clothing, and emotional displays which, at first glance, can sometimes be difficult to understand. [11] However, after spending time within the group the meaning and context of various artifacts will become more clearly understood. [11] The second level, or espoused beliefs and values, embodies the ideas of a single individual who, during the creation of the group, was able to use his/her own beliefs to successfully come up with

a solution to a problem. [11] As these ideas and beliefs are tested and prove to be successful they

reach the third level of culture: basic underlying assumptions. [11] Basic underlying assumptions

encompass how a group of individuals repeatedly attacks similar obstacles. [11] For example, a

sports medicine department may always chose to treat acute ankle sprains in the same fashion

because they have had success with that method in the past. It is assumed within the realm of that

department that each ankle sprain will be treated with the exact same process. Culture is

something that remains stable, contains depth and breadth, and contains patterning that allows

for organization. [12] Culture ultimately embodies the way a group functions and runs deep into the

core of the organization. Culture remains despite the interchanging of new faces that may come

and go. [12]

---

1. **Artifacts**
   - Visible and feelable structures and processes
   - Observed behavior
     - Difficult to decipher
2. **Espoused Beliefs and Values**
   - Ideals, goals, values, aspirations
   - Ideologies
   - Rationalizations
     - May or may not be congruent with behavior and other artifacts
3. **Basic Underlying Assumptions**
   - Unconscious, taken-for-granted beliefs and values
     - Determine behavior, perception, thought, and feeling

Table 2: Three levels of culture as defined by Schein. [11]

Organizational Culture and Leadership:

Leaders are individuals who are responsible for creating the culture within an organization [12] because they originally help their group deal with internal and external difficulties. [11] Leaders are particularly important because the way a leader acts sets the precedent for the culture. [13] Leaders who are able to "walk the talk" help individuals in the group to understand the values and espoused beliefs that the organization is trying to promote. [10,14] A leaders ability to effectively promote his/her values and beliefs creates a situation in which employees begin to align their behaviors with that of the organization. [15] One way to help reinforce the process of alignment is for leaders to hire employees that who share the same priorities. [14] This strategic method not only helps with an employee's alignment with the organization, but also helps to increase employee satisfaction, attitudes, motivation, commitment, support, performance, and decrease turnover. [15] Ultimately, leaders are responsible for creating the environment and ensuring that environment survives within the workplace.

Work- Life Balance

Workplace culture plays an important role in WLB because it creates the general foundation for how employees of that company should handle the stressors of balancing both personal life and work life. [6,7,15] Ultimately, the culture or climate an individual works in can either positively or negatively affect their ability to maintain WLB. Work-life balance is a central part of any professional career. For the purposes of this paper the operational definition of WLB is as follows: one's ability to successfully maintain an appropriate balance between time spent on work responsibilities and the responsibilities of life (i.e. household duties, social time, etc.).

Naturally, facilitators and barriers exist that will directly affect one's ability to achieve work life balance.

Organizational Barriers to Work-Life Balance

In the United States, most people believe a common work weeks consists of 40 hours of work typically starting at 8 or 9 AM and finishing at 4 or 5 PM. This type of work schedule creates adequate time before and after work for individuals to attend to personal responsibilities. In the profession of athletic training, however, 40 hour work weeks are not the norm. A recent study has found that AT's consistently work over 40 hours a week. [9] Additionally, it was found that AT's are often working 6-7 days a week, but ultimately feel they are on call 24/7. [9] Athletic trainers are not the only individuals working within athletics who struggle with long work hours. The Center for American Progress has found that "professional women are twice as likely as middle-income mothers to work 50- plus hours a week" and "38 percent of professional men work 50+ hours a week, as compared with only 23 percent of men in the middle and 9 percent of low-income men." [16 p. 7] Additionally, the study found that 87 percent of highly educated women quit their jobs because of inflexible work scheduling. [16] Consistently working 6-7 days a week amounting to 70 + hours of work time can create challenges for individuals trying to handle personal responsibilities. Most businesses open after and close before AT's start and finish working which can make it arduous to schedule necessary appointments. Consequently, the long hours associated with the profession can put AT's in a situation where they compromise their own health for the health of their patients.

Daily workload and staffing numbers can effect work-life balance for an AT. Sports medicine departments, like many companies, work diligently to navigate budgetary restrictions and staffing needs. Challenges arise when departments do not have enough money to hire

enough staff members to provide the proper medical coverage. In situations where departments are understaffed it can lead to work overload. [8,9] An operational definition of work overload is a situation where an individual has an excessive amount of work to complete and does not have enough resources or time to complete all necessary tasks. It has been shown that daily workload is related to work-family conflict [17] and is an important employment factor that contributes to burnout. [4] Burnout, as a working definition, can be defined as a situation when an individual is physically or mentally exhausted from a particular factor in their life. As discussed by Mazerolle et al [9], in athletic training, high athlete to AT ratios can lead to burnout and role overload. Strength and conditioning coaches also experience role overload as they balance many different job tasks as part of collegiate football programs. [18] Naturally, having less staff members requires each individual to increase their workload. Associated with increases in workload is the extra time that is necessary to complete all job responsibilities. This can ultimately infringe upon one's personal time away from work.

Workplace environment, including the culture and values of co-workers, is important in helping to create WLB. If the work environment does not meet an employee's needs then that individual may struggle to continue working in that situation. In a study looking at failed retention rates in athletic training, Kahanov et al [4] reported that there is a connection between workplace environment and burnout. This result suggests that work environments that require an individual to work long, abnormal hours can lead to a decrease in WLB and ultimately failed retention. Workplace environment plays an even more vital role for employees with children. Parental responsibilities put extra strain on AT's and having enough time to tend to children is a legitimate concern. Eberman et al [3] conducted a study looking at AT's with children and their perception of life-work balance. Results of the study found that AT's across all settings would

7

prefer to spend more time with their families. [3] However, despite this desire, both men and women feel that their work environments are not supportive of parental responsibilities and the feelings of those working in collegiate settings were the strongest. [3] Additionally, college/university and secondary school AT's who have children felt that co-workers were not able to relate to their parenting responsibilities. [3] These feelings have led to changes amongst AT's in regards to profession, setting, hours, and job title. [3] Retention of AT's is key to the maintaining a strong and experienced profession. In order to ensure retention the needs of individuals in the profession must be met. However, the literature [3,4] suggests that AT's experience workplace environments that do not support their needs which can lead to burnout, poor WLB, and a desire to make changes in their career path.

Individual Barriers to Work-Life Balance:

Another barrier to WLB in athletic training is necessary hours of travel. In a study conducted by Goodman et al [8], seventeen out of eighteen participants reported traveling with 1 team and felt that this responsibility influenced their ability to maintain WLB. Division 1 coaches as well as strength and conditioning coaches also feel the negative effects of travel on their WLB as it often creates family conflict. [18,19] Travel responsibilities require AT's and other members of the athletic organization to put their personal lives on hold and often leave behind family members. A participant in a study looking at WLB in head AT's reported that "Traveling with my team takes me away from home/family events. Rarely are my family invited to travel with me, only in bowl games." [8 p. 91] Spending time with family and friends can help to positively shift WLB because it allows individuals to relax and participate in enjoyable activities not associated with work. However, travel situations take this aspect away from traveling professionals.

Travel also creates another unique situation for AT's and athletics staff members as child care responsibilities become an obstacle. Many Americans who report work-life conflict feel that there are inadequate options in regards to child care. [16] This problem is compounded in situation where both parents have jobs that require travel or in families with single mothers. [19] Navigating child care can be very challenging even in non-travel situations because facilities conducting child care may close hours before AT's finish their work day. Despite quality planning, child care options still have the potential to fall through and when this happens it can lead to employees losing their job. [16]

Work-Life Balance			
Barriers		Facilitators	
Organizational	*Individual*	*Organizational*	*Individual*
Long/Irregular Hours	Travel	Flexible Schedule	Boundaries
Workload	Children	Supervisor Support	Prioritization
Number of Staff		Limiting Overtime	
Workplace Environment		Team Approach	

Table 3: Barriers and facilitators of work-life balance.

Organizational Facilitators to Work-Life Balance:

Scheduling and Flexibility

A main determinant of WLB amongst AT's is long work hours/ weeks. [8,9] It is reasonable for one to conclude that AT's who are able to avoid long work hours/ weeks by having schedule flexibility would be able to positively affect their WLB. In the workplace, flexibility can be classified as operational or temporal. Operational flexibility is the ability of an individual to determine how their work is completed without outside influence. [20] Temporal flexibility gives the employee the ability to decide the hours in which they work. [20] It has been shown that

9

operational flexibility increases overall work satisfaction and leads to a more functional family setting. [20] However, in the same study, temporal flexibility was shown to have no effect on one's work/family balance. [20] These results suggest that being able to complete work at your own pace and, if needed, complete work from home has a greater positive influence on WLB than simply determining working hours. Having the ability to stop work, handle a personal matter, and being able to return to work without penalty allows employees to greater meet their needs because it gives them constant flexibility throughout their day as opposed to only having flexibility at the beginning and end of the day.

In another study looking to link schedule flexibility to WLB, Kelly et al [21] utilized the STAR program to help reduce work-family conflict. STAR stands for "Support", "Transform", "Achieve", "Results". [21] The ultimate goal is to modify work environments to better support flexible employee scheduling and increase supervisor support of family/ personal engagements. The program initiated two interventions to help improve employee flexibility and support. First, a global movement was made to increase overall employee flexibility as opposed to individually negotiating with each employee. Secondly, training was conducted to help supervisors show support for family/ life endeavors. Overall, the STAR program [21] helped to improve schedule control and increased supervisor support for non-work activities. Likewise, the program helped to increase employee's decisions to work from home as well as take advantage of flexible scheduling opportunities.

Successfully creating WLB, having satisfaction with one's job, and remaining in the profession are important aspects of a career. In the realm of athletic training we know that AT's benefit, in regards to WLB and job satisfaction, from supervisor support [2,4,6,7,9,22] and more flexible work scheduling. [2,7,9,22] Additionally, it has been shown that failed retention in the

10

profession can be attributed to lack of support and irregular/long work hours. [4] No research exists to support the success of the STAR approach in athletic training, however a system which encourages supervisor support and flexible scheduling addresses key items that are shown to produce success in athletic training.

Being a medical professional and a parent can be a challenging combination of responsibilities. Both require a great deal of time and energy to ensure needs are met by all parties involved. Given such a large plate of responsibilities working parents are a unique situation with unique needs in regards to scheduling. When looking specifically at athletic training, mothers prefer a shapeable lifestyle that allows them to create a balance between times spent at home and time spent at work. [6] Having this adaptability allows mothers to handle the needs of both positions in a way that is most convenient for them. For example, if a child is sick or errands need to be run, having the ability to leave during a lunch hour or leave early and finish up work from home allows a parent to wear both hats while still making sure all the necessary responsibilities are taken care of. The Center for American Progress recommends that employers start taking a more serious look at workplace flexibility. [16] The group also suggests that middle income and professional workers have limits to their mandatory overtime hours and less 24/7 availability. [16] Increasing flexibility, limiting mandatory overtime, and limiting availability allows individuals to plan, schedule, and ultimately live their life in a fashion that best suits their needs all while meeting the needs of their employer.

Staff Support

When a group of people come together to work towards a common goal it is important that the group collaborate and work as a team. A workplace that runs as a bunch of individuals is

likely to fail, but, on the other hand, a workplace where everyone works together is set up for success. This concept could not be any more apparent than in the field of athletic training. With long, arduous hours, and many responsibilities AT's can begin to struggle both mentally and physically as they attempt to handle their workload. Having a strong team allows co-workers to pick one another up when things get difficult and allow for the creation of flexible scheduling which in turn helps create WLB. [2,6–9] In order for a group of individuals to embrace teamwork and support one another, they must have a strong leader who shares the same passion for cohesion. Positive relationships with supervisors, specifically head AT's has been shown to facilitate WLB. [9] When supervisors support their employees a positive shift can be seen in the workplace. Nohe and Sonntag [23] conducted a study looking at 665 employees of a large German company. Results from the study found that there was a correlation between thoughts of leaving the company and supervisor support. The intent to leave the company based on work-family conflict was diminished due in large part to supervisor support. [23] These findings are further supported by Goh et al [17] who found that high supervisor support helps to decrease the association between workload and work-family conflict as opposed to individuals who have low supervisor support. In a similar study, it was concluded that employees in the STAR system (as described earlier) had more schedule control and that their supervisors were more supportive of their personal lives. [21] Encouraging time off to recharge and handle personal matters as well as job sharing are just two ways a supervisor can help to support the staff in creating WLB. [2,7]

Ultimately, supervisor support is essential. However, there is value in supervisors who not only support WLB, but also model it in their own lives. If employees can see that their boss is taking time off to be with family, or go to a doctor's appointment, or leave the office to have lunch with a friend it is only natural for other staff members to feel comfortable taking advantage

of those same luxuries. In a study that looked at non-head AT's Mazerolle and Goodman [2] found that an important piece to a family-oriented work environment is a head AT who lives a balanced life. In a similar study, which focused on the perspectives of head AT's, participants felt that their ability to model WLB in their own lives helped to promote it amongst their staff members. [7] It is important for head AT's and supervisors alike to show their commitment to WLB through their own life experiences. The literature [2] supports the idea that by modeling WLB, head AT's and supervisors create an environment that welcomes the use of WLB strategies amongst other staff members. It is also of interest to note that role models in WLB do not have to be in a supervisory role. In a study looking at motherhood and WLB of National Collegiate Athletic Association Division 1 AT's, many women noted that they would like to see more role models in AT who are able to balance motherhood and work. [22] This study suggests that not only can supervisors be role models, but those balancing multiple out of work responsibilities can also serve as leaders for their peers.

Individual Facilitator of Work-Life Balance

Another important facilitator to WLB is developing individual strategies to help cope with the demands of athletic training. To begin, it is important for individuals working in this profession to prioritize and set boundaries based on their personal wants and needs. [8] AT's need to be able to determine what is most important to them in an effort to maintain focus on where their time and energy should be spent. As mentioned earlier, the work demands of athletic training often do not allow for a lot of free time. Prioritization of needs and determining what responsibilities/tasks are the most important allows the AT to stay focused and make the most out of his/her off time. Setting boundaries is also a strong facilitator of WLB because it allows the AT to create a separation between work and personal time. This prevents overflow of work

tasks into off time and can allow the AT to focus solely on family, friends, or other personal endeavors. Prioritizing and setting boundaries can allow the AT to create time to engage in non-work outlets, which have been shown to help support WLB. [9,2] Taking a vacation, exercising, reading a book, or simply going to see a movie are all examples of positive non-work outlets that can help to promote WLB. Engaging in enjoyable activities allows the AT to rejuvenate and recharge by getting out of the usual day-to-day happenings of the athletics realm. This escape can allow for necessary stress relief and overall relaxation as the pressures and demands of the profession are put aside.

Factors Impacted by Lack of Work-Life Balance

Job Satisfaction

Satisfaction plays a key role in encouraging an individual to continue participation in any life endeavor. Without satisfaction hobbies, jobs, etc. become less appealing and often times people step away from those activities in order to find another source of gratification. Receiving satisfaction from their daily tasks is a cornerstone for AT's as long hours and high work-loads can darken the perception of the profession. Currently, research looking at job satisfaction for AT's has shown variability in the levels of satisfaction based on age, sex, and job title/setting. [24–27]

Age has been shown to play a role in an individual's level of satisfaction. Younger individuals such as graduate assistants appear to have high levels of satisfaction, while head AT's report low levels of satisfaction. [27] This finding may be attributed to the fact that head AT's have been a part of the profession longer and may have been exposed to more strenuous work schedules, more work-family conflict, and have already experienced the new and exciting experiences of coming into a profession. To support this hypothesis, literature [26] has also shown

14

that longer and individual has been certified the less satisfied they are with their job.

While evidence agrees that head AT's have low levels of satisfaction, Herrera and Lim [24] have found that certified graduate assistant AT's have the lowest level of satisfaction. Additionally disagreement exists as Herrera and Lim [24] have found that in NCAA Division 1-AA, as years of experience in athletic training increased so did job satisfaction. Disagreements in the literature are present and can be attributed to the individualistic and subjective nature of the perception of job satisfaction.

Secondly, sex has been shown to influence satisfaction levels in athletic training. Males appear to have a higher level of job satisfaction when compared to their female counterparts. [24] Additional literature [26] exists to support this finding and may also offer an explanation. In a study looking at the role of personality on job satisfaction, it was found that women have a higher level of neuroticism than men. [26] This study also links neuroticism to lower levels of job satisfaction. [26]

Lastly, job title and setting play a role in the level of satisfaction in the AT profession. Overall, when looking specifically at collegiate AT's, there seems to be a reasonable level of job satisfaction in this setting. [24,25] College AT's have "slightly agreed or agreed with the statement - I am satisfied with my job" [25 p. 375] and "appear satisfied with their jobs." [24 p. 3] However, there are differences in regards to job title in this setting. Evidence is available to support the idea that program directors and AT faculty members have higher levels of satisfaction as opposed to clinicians and those with joint appointments (ie. professor and clinician). [24,25] One can speculate that hours worked, and the ability to achieve WLB plays a role in this difference between job titles. AT's working clinically or in a dual role may be exposed to more working hours per week as opposed to faculty members and program directors. This difference in work hours goes hand

in hand with the difficulty achieving WLB. This imbalance in work hours and depressed ability to achieve WLB can directly affect the happiness of an individual thus driving down their level of satisfaction.

Athletic trainers are exposed to working situations that make it difficult to find prolonged satisfaction, however, other members of the athletic staff as well as other medical professionals are exposed to similar working conditions. Division one strength and conditioning coaches are often subject to a similar amount of hours, level of stress, and pressures as AT's. It is reasonable to hypothesize that members of the strength and conditioning staff may have similar feelings about job satisfaction as AT's. However, in a singular job analysis study, it was found that six out of eight strength coaches reported high levels of job satisfaction and two out of eight reported moderate levels of job satisfaction. [18] It was noted that the two individuals reporting lower levels of satisfaction were likely due to their current job situation as opposed to the nature of the job. [18] This study shows that it is possible to have high levels of job satisfaction while working within the demanding setting of NCAA Division 1 athletics.

As mentioned before, other medical professionals, specifically nurses, are also subject to long work hours, as well as various stressors/pressures. Widespread variability exists in the literature in regards to the levels of satisfaction amongst nurses and it has been shown that nurses have low [28,29], moderate [30], and high [31] levels of job satisfaction. With such varying levels of satisfaction, it is impossible to make a blanket statement about the nursing profession as a whole. However, it is reasonable for one to conclude that this variability can be attributed to the various factors that go into a job including setting [28,30], co-workers/supervisor [28,29,31], pay [29,31], etc. When evaluating the literature it is important to understand the extent to which we can generalize the findings of these studies, but overall the idea of variability and contributing factors can be

applied to many professions.

Career Comparison				
Career	Education	Average Work Week (Hours)	Average Compensation/Salary	Travel Required? (Yes/No)
Athletic Trainer	Bachelor	56-60+	$44,670	Yes
Registered Nurse	Bachelor	42	$67,490	Yes
Physical Therapist	Doctoral	40+	$84,020	No
Exercise Physiologist	Bachelor	40	47,010	Yes
Physical Therapy Assistant	Associate	45	$55,170	No
Secondary School Teacher	Bachelor	53	$57,200	No
Postsecondary Nursing Instructor/Teacher	Doctoral	60	$67,480	No

Table 4: Comparative overview of professional careers. [32]

Barriers to Job Satisfaction

There are four common themes that emerge in regards to factors that decrease satisfaction amongst AT's which are similar to those found among nurses: poor work environment, workload, poor leadership, and level of compensation. The first emergent theme is poor work environment. Situations where employees feel as though their environment does not mesh with their skills or values makes it hard for an individual to feel satisfied. [25] Work environments that are incompatible with the skills or values of an employee can affect an employee's satisfaction both physically and mentally. Physically, individuals can see/feel an overall decrease in their well-being due to the demands of the environment they are working in. Mentally, decreases in morale or enthusiasm to go to work can lead to a lower level of satisfaction. Additionally, it has been shown that with an increase in years working in the collegiate setting AT's have a lower level of satisfaction. [26] This could be linked to the evolution of one's lifestyle over time. Perhaps early in a career an individual is single and has few out of work responsibilities. However, over

time as this individual grows and acquires more responsibilities (family, household maintenance, etc.) his/her values change. At that point he/she may be working in an environment that isn't adequately meeting his/her needs leading to decreased satisfaction. Earlier in this review, a disagreement was shown between age and level of job satisfaction. Older aged AT's in head positions[27] and GA's [24] were both shown to have low levels of job satisfaction. While older aged AT's may be dissatisfied due to work environment it is possible that GA's are dissatisfied because of level of being underpaid and overworked. [24] Similar to the AT profession, nurses also are dissatisfied with their working conditions. [28] This common theme amongst professionals speaks to the high demands of health care and adds credence to the struggle that a poor work environment, including long hours, stressful encounters, and pressures to succeed, creates.

The second theme that emerges in regards to decreasing satisfaction is overall workload. As mentioned before AT's often work 40+ hours per week and the working hours are often spread out over the span of a 6-7 day work week. [9] Evaluation of that statistic sheds light on the trouble AT's might have with staying satisfied in the profession. On top of long work hours AT's often wear many hats and have various responsibilities. This can load up the AT's plate and can make it difficult for them to complete all their necessary tasks. Additional literature [28,33] looking at the nursing community supports AT's because some nurses are highly dissatisfied with their workload. This level of dissatisfaction has been found to be one of the top three reasons nurses report dissatisfaction in the workplace. [28,33] Individuals, like AT's and nurses, working in the healthcare community generally have a heightened desire to provide quality care which will help patients improve. When workload starts to compromise this endeavor it may put a negative strain on the individual providing care. Nurses have been documented as saying "I don't feel that I can work effectively because I have many patients and not enough time for good patient care." [33] p.

[356] This overload of work leads to an overall decrease in satisfaction amongst healthcare providers. [9,25,26,28,30]

The third theme that contributes to a decrease in job satisfaction is poor leadership. Leadership keeps departments and organizations running smoothly. Leadership is set in place to ensure that the workplace is organized, schedules are set, problems are solved, and communication is adequate. However, without quality leadership the workplace environment can negatively diminish as the aforementioned aspects fall apart. In the nursing community there is evidence to support the idea that poor leadership contributes to decreased job satisfaction among nurses as unsupportive behavior and questionable decision making by leaders creates conflict. [28,33] Nurses, like any other working individual, want a positive relationship with their supervisor that consists of positive feedback and respect. [31] Without strong leadership and a good working relationship it is evident that the level of job satisfaction decreases.

Finally, level of compensation, is an important theme impacting job satisfaction. All working individuals want to be adequately compensated for their time and efforts while at work. Compensation can make an individual feel valued as well as feel as though their time is well spent. However, when this area is lacking so too is the level of satisfaction. In the nursing community, when asked what improvements could be made to the profession, a common answer is pay. [28,31] According to the Bureau of Labor Statistics, in 2014 registered nurses made a mean annual wage of $69,790. [34] Athletic trainers on the other hand made a mean annual wage of $45,730. [35] A difference of approximately $20,000 exists between professions. However, both careers are considered professional medical careers and individuals working in those fields are exposed to long work hours, excessive workloads, etc. If nurses are dissatisfied with their compensation and that in turn brings down their job satisfaction, AT's could be in the same

situation. Workers want to be compensated for the time and effort they put into completing their job. If people do not feel adequately compensated, then their overall job satisfaction can suffer.

Facilitators of Job Satisfaction

The literature presents two major similarities across medical professionals and strength coaches that leads to increases in job satisfaction. The first similarity of note is the idea of autonomy. A working definition of autonomy is the ability to conducts one's work without external control from bosses and other staff. Strength coaches working at NCAA Division 1 schools noted that autonomy was a large influence in their level of job satisfaction as it helped to balance out the size of their workload. [18] Having autonomy should allow individuals to assess their situation and determine the best way to attack the tasks at hand. This allows employees to curtail their workday in the way that best fits their needs and working style. Similarly, nurses saw autonomy as an important part of their workday and ranked this aspect highest on the list of factors that contributed to job satisfaction. [29] Having the ability to be your own boss while still functioning as a part of a department helps employees avoid conflict and micromanagement that may appear when autonomy is lost. Employees who have autonomy may have a heightened satisfaction when completing tasks because they realize that they made the decisions and took the steps necessary to see that task through to the end. This feeling could help to bolster confidence and self-sufficiency as time goes on.

It has been shown that as years of experience or years in the profession increase the overall satisfaction level of AT's and nurses will increase as well. [24,29] One reasonable explanation for this trend could be that over time individuals are able to climb the hierarchical ladder and move into positions that allow for more benefits such as control over scheduling, increased pay, etc. Increase in schedule control and increased pay for example may lead to an

increase in satisfaction simply because these two benefits are very positive. Likewise, increased years in the profession will more than likely lead to an increase in confidence and proficiency in the tasks required in that career. Gaining confidence and proficiency should help to increase satisfaction, because these gains should allow the individual to complete his/her job more efficiently which should ultimately lead to a decrease in stress.

An interesting factor, more specific to AT's, that may contribute to an increase in job satisfaction is personality type. Some literature [26] exists to suggest that AT's who are extroverts, highly agreeable, have low levels of neuroticism, and have a conscientious have higher levels of job satisfaction. If we break each of these components down it is easy to see how they could relate to higher levels of satisfaction. Athletic trainers interact with large numbers of people on a daily basis. Someone who is outgoing and likes to interact, such as an extrovert, is going to thrive in this environment as opposed to someone who prefers to keep to his/herself. Athletic trainers are put in situations where plans and duties can change at any minute and someone who is agreeable and willing to go with the flow is going to find is going to adapt quicker than someone who is rigid. Athletics is a high stress environment that can cause individuals to feel pressure, uncertainty, or worried. People who are neurotic may struggle because they easily become anxious or fearful which can be unsettling feelings. An individual with a lower level of emotional variance may fare better in the profession of athletic training as opposed to a more neurotic individual. Finally, doing what is right and striving to be do your best at your work is something that goes a long way in any profession. Athletic training is a profession that often requires a team approach to successfully manage the treatment of athletes. It is important for individuals to have a high level of conscientiousness in order to provide the best level of clinical care. More research is needed in this topic area to confirm these results, but at the present time

these findings create an interesting argument for the relationship between personality type and job satisfaction.

Professional Commitment

An operational definition of professional commitment in the workplace is a continual pledge to complete daily tasks with diligence and having a constant passion for bettering oneself. Simply put, professional commitment is doing your best at work every day and having a good attitude while you do it. Younger aged, less experienced AT's are often excited to begin in the profession and constantly want to better themselves. However, as in any profession, there are going to be daily challenges and setbacks that can negatively affect professional commitment. More experienced AT's may see their professional commitment wain because they are tired of demanding schedule, struggle with the pressures of sport, or even lose desire to continue to learn. The loss of professional commitment can be a hindrance to daily performance because once passion is lost it becomes difficult to do stay motivated and have a good attitude. In the field of AT, retention possess a problem as we see a large number of AT's leave partway through their career. Because of this, it is important for us to understand what types of barriers and facilitators exist that affect one's professional commitment.

Barriers to Professional Commitment

The first apparent barrier to professional commitment is the presence of long and inconsistent work hours in athletic training. When an individual is working consistently over 40 hours per week and typically 6-7 days per week he/she is at an increased risk for experiencing burnout. Burnout, as a working definition, is when an individual is overworked or overstressed and he/she start to see a decline in physical or mental health. Literature [4] exists to show that

22

burnout is an important factor in regards to failed retention in athletic training. There is a notable

relationship between burnout and WLB as the loss of WLB has been shown to be a contributing

factor in terms of the development of burnout. [4] To validate this idea, a study looking at career

commitment in post professional AT program graduates showed that AT's leave the profession

because of long and inconsistent work hours. [36] Consistently working long hours can mentally

and physically drain and individual which leaves them tired. In order to stay professionally

committed it is important for AT's to have not only a passion for the profession, but also the

ability to appropriately act on that passion. Without the energy to pursue that passion it is

difficult to remain professionally committed. An interesting finding in the literature [25] reveals

that faculty members have less thoughts of leaving the AT profession as opposed to dual-roll and

clinical staff members. One explanation for this finding may be that faculty members have a

more structured schedule and on average work less hours than their clinical and dual-roll

counterparts. This allows faculty to have a higher level of professional commitment and desire to

stay in the profession.

Another prevalent barrier to professional commitment is the development of life changes

that result in a shift in personal priorities. The things we value and the order in which we value

them can change overtime. For example, young professionals may value working in a fast-paced

setting, with a reasonable salary, that allows them to climb the organizational ladder. Young

individuals may have few out of work responsibilities, which allow them to work in this type of

setting. Conversely, mature professionals may seek a more manageable workplace with less time

commitment, more flexibility, and the more workplace support. These factors allow the mature

professional to manage work and personal responsibilities equally. Relating back to professional

commitment, it is evident that when an individual's values shift and the workplace does not mesh

with that shift, these people end up leaving the profession. [4,25,37] Items such a childcare, home responsibilities, time spent with family/friends becomes more important to an individual than a dream career. Ultimately, these individuals step away because of their shift in values. It has long been thought women leave the profession of AT because they shift their attention to childcare and homecare responsibilities. The literature [4] supports this movement as they tend to leave in their late 20's (a time consistent with starting a family). The traditional line of thinking is that men stay in the profession of AT because they are seen as the breadwinner while women depart to care for children and home. However, a recent study shows that there is no difference in sex in terms of willingness to leave the profession of athletic training. [5] Men have been shown to be challenged by the demands of both working hours and domestic life. [38] This new evidence shows that men too are beginning to shift their values, which leads to a change in professional commitment, and may ultimately lead to their departure from athletic training.

Lastly, verbal praise and monetary benefits can affect professional commitment. When asked what factors led to their departure from athletic training, many AT's point to low pay and a lack of recognition. [36] It is reasonable to expect increased pay for working long days, which require sacrifice of holidays and life events. In a study looking at why AT's leave the profession following completion of a post professional degree, one AT explained his feelings of under appreciation with the following statement: "For as hard as we worked, we were greatly underappreciated. Compensation has yet to catch up with the responsibility, physical, and mental demand that is placed on the certified athletic trainer." [36 p. 429] Likewise, it is comforting to know that you are respected and appreciated by your patients and peers. This form of verbal reward can help to increase professional commitment because it increases one's desire to continue to work hard to make a difference.

Facilitators to Professional Commitment

In order to stay professionally engaged, commitment type, or simply why you stay committed, is important. The presence of affective commitment, or emotional attachment, has been shown to lead to a decreased intention to leave the coaching profession. [39,40] To break this down further, emotional attachment to a job, a group of patients, a school, etc. can influence one's desire to continue working in that setting. This desire to stay goes hand in hand with professional commitment because in order to stay working in that setting one must stay passionate and working diligently in order to maintain a good rapport with colleagues and patients. Similarly, occupational commitment, or feeling an obligation to one's patients or career, has also been shown to decrease intention to leave in the nursing profession. [41] AT's have reported the same feelings of responsibility to their patients which helps to bolster their professional commitment. [42] Again, this decreased intention to leave shows the effect occupational commitment can have on an AT's overall commitment to the profession. Every individual will have specific reasons for why they leave or stay in a career field. However, those with affective and occupational commitment appear to have lower intentions of leaving which indirectly increases their professional commitment.

Other noticeable facilitators of professional commitment are rewards, rejuvenation, and respect. [42] Rewards can be broken down into intrinsic and extrinsic rewards. Notable intrinsic rewards include being shown appreciation and feeling valued. [42] Having a patient say "thank you" or having a boss or co-worker say "You have been working really hard and it has made this staff run so much smoother" are just simple examples of how intrinsic rewards can be given. Likewise, extrinsic rewards can also have an impact on professional commitment. Extrinsic rewards include monetary compensation and flexibility in scheduling. Both intrinsic and

extrinsic rewards help to increase professional commitment because they help an individual feel valued. [42] Respect has also been shown to help maintain professional commitment. [42] Gaining the respect of co-workers and patients helps the clinician feel as if he or she belongs. Feeling part of a team inherently increases one's desire to "do my part" which bolsters professional commitment. Lastly, rejuvenation is an important part of professional commitment. [42] Having time away from athletic training allows individuals to escape and participate in actives that help to recharge and refocus. Rejuvenation is a key part of professional commitment because it helps to avoid burnout which, as mentioned previously, is a contributing factor to decreases in professional commitment. [8,36]

Professional Commitment and Career Intentions

In the aforementioned sections, focusing on barriers and facilitators it is evident that when professional commitment is hindered individuals tend to leave their profession. [25,4,36,37] This departure can be due to lack of support, compensation, inflexible scheduling, as well as changes in priorities. Regardless of the reasoning, it is important to note that when certain needs are not met professional commitment wains and departure is prevalent. However, in situations where rewards, rejuvenation, and respect, are present and important driving forces are behind an individual, they often remain in the profession because their professional commitment is high.

Each employment opportunity presents with different pros and cons, which are taken into account when making a career decision. Eventually, a conclusion must be made about which aspects assist in reaching life goals and which aspects hinder that aspiration. This process can be difficult and often times we are forced to part with parts of our life that we truly enjoy. In a recent study of AT's, 58% of individuals had intended to stay in the profession once they graduated school, but left due to various reasons. [36] The same study found that in this group of

26

participants 58% stayed active in athletic training in some capacity and would return to the profession if the situation was ideal. [36] These findings show that AT's have and maintain some level of professional commitment during and even after departure. Professional commitment is an important part of athletic training because it is apparent that those who pursue athletic training as a career have a strong desire to work in the field, but their commitment is reduced when certain deterrents are present.

Relationship between Structure, Setting, and Work Life Balance

Workplace structure and workplace setting both may influence WLB. In the literature [6–9] a common theme exists in regards to the relationship between structure, setting, and WLB: supervisor support and the use of benefits assist in creating WLB. As with any job, AT's are often given a set of benefits that comes along with their employment for a company, school, physician etc. Benefits can include flexible work scheduling, vacation time, continuing education opportunities, and child care options. The usage of these benefits are key because, for example, it has been shown that flexibility in scheduling helps to decrease work-life conflict and increase job satisfaction. [43] However, the ability of employees to use these benefits has been questioned. In intercollegiate athletics it has been found that benefits usage is "average at best and benefits are often perceived differently by athletic director's and senior women's administrators." [44 p. 154] The findings from this study show that even though WLB is a concern and benefits to create WLB are available, some barrier exists that keeps employees from using these benefits.

When entering into a new work environment employees begin to form their own opinions about the culture that exists and supportiveness of the company as it pertains to WLB. [45] If employees do not feel that the environment and culture is supportive of benefits use, then they are less likely to take advantage of them. [44,45] Consequently, in a study looking at failed retention

in athletic training, 52.8% of AT's reported that lack of supervisor support lead to their departure

from the profession. [4] This finding helps to reinforce the need for strong supervisor support.

Structure of an organization can play a large part in employee benefits and usage, however,

structures that place high demands on individuals and have low support can lead to role strain

and burnout. [46] The results of these studies have shown that in situations where little

supervisor/organizational support exists AT's have trouble using benefits which can increase

their WLB. Ultimately, the availability of benefits is important, but more important is the support

an employee has from their supervisor. [45]

A more positive level of supervisor and organizational support can give AT's a better

opportunity to achieve WLB. To start, literature [2,7,9] is available to support the idea that

supervisor and other administrative support helps to achieve WLB. Mazerolle, Goodman, and

Pitney [7] found that beyond support, head AT's can help to encourage WLB amongst their

employees by modeling a balanced life themselves. If assistant AT's see their boss modeling

WLB it is natural for them to feel comfortable with creating that balance in their own lives.

When work-family conflict does arise, supervisor support can help to relieve stress [47] and high

workloads [17], and has been found to be "key for employees to successfully manage the

integration of work with family and family with work." [43 p. 805] Supervisor support in managing

and helping to eliminate work-family conflict is so important because this type of conflict has

been found to be a predictor of turnover intentions. [4,23] Beyond support and modeling, it is

important for supervisors to help create a workplace environment that allows employees to share

their feelings about family concerns and sacrifices because it can help to create positive work

performance and increase overall well-being. [48] Unfortunately, supervisors cannot ensure that the

needs of their employees are being met by creating a singular organizational policy to address

WLB. [17] Each individual employee has specific needs and values that must be met; a cookie cutter approach may not be suitable. Supervisors needs to take a daily account of the workload they place on their employees and realize that these daily shifts have an impact on the employees' work-family conflict. [17] Supervisors who are mindful of the needs of their staff, model WLB, and support their employees' efforts to create WLB create a workplace environment suitable for success.

Conclusion

Research and understanding of work-life balance, job satisfaction, and professional commitment in the athletic training field is in the infant stages. Despite this fact great strides have been made in regards to our understanding of the factors that contribute or deflect one's ability to achieve these important aspects of a professional career. The literature has also shown the positive and negative effects each one of these items has on the performance and longevity of an individual in the athletic training field. In a similar fashion, the literature also shows the importance of an organizational structure and workplace setting that allow employees to attain WLB, job satisfaction, and professional commitment. However, as mentioned before, athletic training can be practiced in various settings, which opens the door to several different types of organizational structures. Very few research studies have looked specifically at the impact that organizational structure has on the ability of employees to achieve WLB, job satisfaction, and professional commitment. Future research should focus on the various types of organizational structure and how the structure affects WLB, job satisfaction, and professional commitment of the staff working within that model.

References

1. Job Settings. National Athletic Trainer's Association. https://www.nata.org/about/athletic-training/job-settings. Published 2015.
2. Mazerolle SM, Goodman A. Fulfillment of work-life balance from the organizational perspective: A case study. *J Athl Train*. 2013;48(5):668-677.
3. Eberman LE, Kahanov L. Athletic trainer perceptions of life-work balance and parenting concerns. *J Athl Train*. 2013;48(3):416-423.
4. Kahanov L, Eberman LE, Juzeszyn L. Factors that contribute to failed retention in former athletic trainers. *J Allied Heal Sci Pract*. 2013;11(4):1-7.
5. Mazerolle SM, Eason CM, Pitney WA, Mueller MN. Sex and employment-setting differences in work- family conflict in athletic training. *J Athl Train*. 2015;50(9):958-963.
6. Mazerolle SM, Eason CM. Perceptions of National Collegiate Athletic Association division l female athletic trainers on motherhood and work-life balance: Individual- and sociocultural-level factors. *J Athl Train*. 2015;50(8):854-861.
7. Mazerolle SM, Goodman A, Pitney WA. Achieving work-life balance in the National Collegiate Athletic Association division l setting, Part l: The role of the head athletic trainer. *J Athl Train*. 2015;50(1):82-88.
8. Goodman A, Mazerolle SM, Pitney WA. Achieving work-life balance in the National Collegiate Athletic Association division l setting, Part II: Perspectives from head athletic trainers. *J Athl Train*. 2015;50(1):89-94.
9. Mazerolle SM, Pitney WA, Eason CM. Experiences of work-life conflict for the athletic trainer employed outside the National Collegiate Athletic Association division I clinical setting. *J Athl Train*. 2015;50(7):748-759.
10. Frontiera J. Leadership and organizational culture transformation in professional sport. *J Leadersh Organ Stud*. 2010;70(10):71-86.
11. Schein EH. The three levels of culture. In: *Organizational Culture and Leadership*. ; 2013:43-53.
12. Schein EH. Organizatinal culture and leadership defined. In: *Organizational Culture and Leadership*. ; :21-42.
13. Gelfand MJ, Leslie LM, Keller K, de Dreu C. Conflict cultures in organizations: How leaders shape conflict cultures and their organizational-level consequences. *J Appl Psychol*. 2012;97(6):1131-1147.
14. Martin J. Organizational culture. *J Manage*. 2004:1-15.
15. Bligh MC, Hatch MJ. If I Belong, Do I Believe? An integrative framework for culture and identification. *J Psychol Issues Organ Cult*. 2011;2(1):35-53.
16. Williams J, Boushey H. *Work Life Law the Three Faces of Work-Family Conflict the Poor, the Professionals, and the Missing Middle*.; 2010.
17. Goh Z, Ilies R, Wilson KS. Supportive supervisors improve employees' daily lives: The role supervisors play in the impact of daily workload on life satisfaction via work-family conflict. *J Vocat Behav*. 2015;89:65-73.
18. Massey CD, Vincent J, Maneval M. Job analysis of college division I-A football strength and conditioning coaches. *J Strength Cond Res*. 2004;18(1):19-25.
19. Dixon M a, Bruening JE. Work – family conflict in coaching I : A top-down perspective. *J Sport Manag*. 2007;21(3):377-406.
20. Clark SC. Work cultures and work/family balance. *J Vocat Behav*. 2001;58(3):348-365.
21. Kelly EL, Moen P, Oakes JM, et al. Changing work and work- family conflict : evidence

from the work, family, and health network. *Am Sociol Rev*. 2014:1-32.

22. Eason CM, Mazerolle SM, Goodman A. Motherhood and work-life balance in the National Collegiate Athletic Association division l setting: mentors and the female athletic trainer. *J Athl Train*. 2014;49(4):532-539.

23. Nohe C, Sonntag K. Work-family conflict, social support, and turnover intentions: a longitudinal study. *J Vocat Behav*. 2014;85(1):1-12.

24. Herrera R, Lim JY. Job satisfaction among athletic trainers in NCAA division lAA institutions. *Sport J*. 2003;6(1):1-8.

25. Brumels K, Beach A. Professional role complexity and job satisfaction of collegiate certified athletic trainers. *J Athl Train*. 2008;43(4):373-378.

26. Eason CM, Mazerolle SM, Monsma E V, Mensch JM. The role of personality in job satisfaction among collegiate athletic trainers. *J Athl Train*. 2015;50(12):1247-1255.

27. Terranova AB, Henning JM. National collegiate athletic association division and primary job title of athletic trainers and their job satisfaction or intention to leave athletic training. *J Athl Train*. 2011;46(3):312-318.

28. Khunou S, Davhana-Maselesele M. Level of job satisfaction amongst nurses in the north-west province , South Africa : Post occupational specific dispensation. *Curationis*. 2016;39(1):1-10.

29. Curtis EA, Glacken M. Job satisfaction among public health nurses: a national survey. *J Nurs Manag*. 2014;22(5):653-663.

30. Caricati L, Sala R La, Marletta G, et al. Work climate, work values and professional commitment as predictors of job satisfaction in nurses. *J Nurs Manag*. 2014;22(8):984-994.

31. Head B a., Washington KT, Myers J. Job satisfaction, intent To stay, and recommended job improvements: The palliative nursing assistant speaks. *J Palliat Med*. 2013;16(11):1356-1361.

32. Occupational outlook handbook. Bureau of Labor Statistics. http://www.bls.gov/ooh/. Published 2015.

33. Atefi N, Abdullah KL, Wong LP, Mazlom R. Factors influencing registered nurses perception of their overall job satisfaction: A qualitative study. *Int Nurs Rev*. 2014;61(3):352-360.

34. Occupational employment and wages: Registered nurses. http://www.bls.gov/oes/current/oes291141.htm. Published 2015.

35. Occupational employment and wages: Athletic trainers. http://www.bls.gov/oes/current/oes299091.htm. Published 2015.

36. Bowman TG, Mazerolle SM, Goodman A. Career commitment of postprofessional athletic training program graduates. *J Athl Train*. 2015;50(4):426-431.

37. Raedeke TD, Warren AH, Granzyk TL. Coaching commitment and turnover: a comparison of current and former coaches. *Res Q Exerc Sport*. 2002;73(1):73-86.

38. Naugle K, Behar-Horenstein L, Dodd V, Tillman M, Borsa P. Perceptions of wellness and burnout among certified athletic trainers: sex differences. *J Athl Train*. 2013;48(3):424-430.

39. Cunningham GB. Occupational commitment and intent to leave the coaching profession. *Int Rev Spociology Sport*. 1990;36(2):131-148.

40. Winterstein AP. Organizational commitment among intercollegiate head athletic trainers: Examining our work environment. *J Athl Train*. 1998;33(1):54-61.

41. Nogueras DJ. Occupational commitment, education, and experience as a predictor of intent to leave the nursing profession. *Nurs Econ*. 2006;24(2):86-93, 55.
42. Pitney WA. A qualitative examination of professional role commitment among athletic trainers working in the secondary school setting. *J Athl Train*. 2010;45(2):198-204.
43. Anderson SE, Coffey BS, Byerly RT. The provision of formal and informal work-family practices: The relative importance of institutional and resource dependent explanations versus managerial explanations. *Women Manag Rev*. 2003;18:7-19.
44. Dixon MA, Tiell B, Lough N, Osborne B, Bruening JE. The work / life interface in intercollegiate athletics. *J Study Sport Athletes Educ*. 2008;2(2):137-160.
45. Allen TD. Family-supportive work environments: The role of organizational perceptions. *J Vocat Behav*. 2001;58:414-435.
46. Pitney WA. Issues during the professional socialization of certified athletic trainers working in the National Collegiate Atheltic Association division l setting. *J Athl Train*. 2006;41(2):189-195.
47. Dixon MA, Sagas M. The relationship between organizational support, work-family conflict, and the job-life satisfaction of university coaches. *Res Q Exerc Sport*. 2007;(3):236-247.
48. Kossek EE, Colquitt JA, Noe RA. Caregiving decisions, well-being, and performance: The effects of place and provider as a function of dependant type and work-family climates. *Acad Manag J*. 2001;44(1):29-44.

Introduction

Over the last decade a growing debate in athletic training has centered on the most appropriate organizational infrastructure for athletic training services in the university and college setting. The most common organizational infrastructure has placed athletic training services under athletics, in which athletic directors, coaches, and athletic trainers are seen as colleagues. Ultimately, the athletic trainers in this infrastructure report directly to the athletic director. In many cases this model of athletic training services compromises the level of patient care because conflicts of interest can make it difficult for athletic trainers to complete their job ethically.[1] Additionally, this conflict of interest can negatively impacts the quality of life of the athletic trainer.[2,3] Working within the athletic department can compromise patient care as athletic trainers feel pressure to do what is necessary to keep coaches and athletic administrators happy.[4] In this model coaches may try to control the scheduling and hours of medical coverage or try to influence return to play decisions which can ultimately create conflict for the athletic training staff.[4]

Recently, in January 2016, the NCAA has incorporated the idea of independent medical care at the Division 1 level in an effort to combat some of the challenges that are associated with the athletics model.[5,6] The concept of independent medical care gives sports medicine personnel (team physicians, athletic trainers, etc.) unchallengeable authority in regards to medical decision making.[5] This has been set in place to ensure the best quality of healthcare for student athletes.[5]

While the mandate of independent medical care within the NCAA is recent, some of the core concepts have been utilized by institutions for years. Currently, organizations exist that utilize the medical model which houses athletic training services within the school's medical department (i.e. student health services). This structure creates a situation, similar to the NCAA's

version of independent medical care, where a medical professional (i.e. physician) is the direct administrator and the reporting structure and the livelihood of members in the department are controlled by individuals with a medical background. In this model athletic training services is housed within an on campus organization such as student health services and the athletic trainers are disconnected from athletics in regards to reporting structure and evaluation. Advocates of this model suggest this model may decrease hours worked, overload, and interference from non-medical personnel in medical decision making.[3,4] Organizational infrastructure has become a central focus as it has the potential to create a unique environment that can affect important areas of the profession such as work-life balance (WLB),[7–12], job satisfaction,[13] and professional commitment.[13–17] The NCAA just recently shifted to independent medical care, however, as mentioned earlier, some institutions have been utilizing this concept for several years through the medical model. Timely exploration of the medical model can provide some level of insight into how independent medical care can affect athletic trainers and the rest of the sports medicine staff.

Organizational infrastructure is highly influenced by the leaders responsible for creating the culture of an organization.[18] Organizational culture is a fundamental factor not only in achieving organizational goals, but also in attracting and retaining desirable employees. Leaders are able to create organizational culture by working through a step-wise process that creates a clear organizational direction with the proper support staff to achieve the end goal. The first step in the process of creating organizational culture is for the leader to establish goals that will determine the vision.[19] Next, leaders must appraise their own personal values (i.e. honesty, loyalty, commitment, or simply how people should be treated) and determine which of these they will incorporate into the organization.[19] Communication of vision and values (i.e. quality patient

centered care) is important because it ensures that all staff members know and understand the end goal of the organization and exactly how the leader intends to reach that goal. In an ideal situation, athletic training departments and the organization which they are a part of have similar goals that coincide with one another (ie. athletic trainers reporting to physicians).[4,20] However, that is not always the case which can lead to points of contention and ultimately a divide within the organization (ie. athletic trainers reporting to an athletic director).[4,20] This development can be seen as unhealthy and has the potential to overflow into the workplace affecting both the quality of life for athletic trainers and the quality of patient care.[21]

In addition to the importance of organizational culture and common goals, the workplace environment of the athletic training departments should aim to provide employees with adequate benefits and also provide adequate supervisor support as these two areas have been shown to positively affect one's ability to maintain WLB.[9–11,13] Organizational benefits can include flexible work scheduling, vacation time, continuing education opportunities, and child care flexibility in scheduling helps to increase WLB and job satisfaction,[22] whereas supervisor support can help to relieve stress[23] and high workloads.[24] A proven example of this type of system utilizes a program called the STAR approach. STAR stands for "Support" "Transform" "Achieve" "Results" and is a program that focuses on modifying work environments to better support flexible employee scheduling and increase supervisor support of family/personal engagement.[25] When the STAR program has been evaluated in the workplace researchers have reported an increase in supervisor support, improved schedule control for employees, and increase in use of benefits such as working from home.[25]

The ability to utilize benefits and creating WLB is an important part of any professional career. Having a balance allows individuals to adequately complete work responsibilities while

still having the opportunity to participate in personal life activities. Organizational barriers (long work hours,[8,12] work overload,[24] and workplace environment[7,14]) as well as individual barriers (travel[11,26,27] and childcare responsibilities[9]) can negatively affect WLB. On the other hand, organizational facilitators (flexible scheduling[10,12,28,29] and staff support[9,12,28]) as well as individual facilitators (prioritizing/setting boundaries[11] and non-work outlets[12,28]) are available to increase one's ability to maintain WLB. Achieving balance is important because environments that do not allow for WLB negatively impact both professional commitment and job satisfaction.[13–16]

The idea of shifting athletic training services towards a medical model has been described by Laursen.[4] It has been proposed that this movement could increase quality of life, decrease work hours/provide flexibility, and improve feelings of worthiness as a medical professional.[4] Additionally, a patient centered model of care allows athletic training departments to have increased resources (ie. financial support) and ultimately limits outside distractions (ie. coach/ athletic director demands).[4] An organizational infrastructure outfitted with adequate resources and decreased distractions should make it possible for athletic trainers to experience a positive work experience that provides balance and satisfaction. Additionally, we would expect to see a positive effect on the ability of athletic trainers to provide the highest quality of patient care. Despite these recommendations, no current evidence is available to support the idea that shifting athletic training services over to a medical model will in fact affect the management of WLB, overall quality of life for athletic trainers, or improve care. It is important for us to understand the effects the medical model has on athletic trainers as the implementation of the NCAA's independent medical care will thrust athletic training services into a very similar organizational situation. Therefore, the purpose of our case study was to gain a preliminary perspective of those

athletic trainers employed in the medical model as it relates to WLB, job satisfaction, and professional commitment. The following questions were used to help guide our study: (1) what are the perceived benefits for athletic trainers employed within the medical model regarding their quality of life?: (2) how does the medical model organizational infrastructure impact collegiate athletic trainers' perceptions of work-life balance, role strain, job satisfaction, and professional commitment?

Methods

Research Design. To guide our research, we used a qualitative case study design. Our aim was to recruit participants who worked full-time as staff athletic trainers within the medical model at the collegiate level. We focused specifically on head athletic trainers as well as assistant athletic trainers within the target university and excluded graduate assistant and intern athletic trainers. We chose to target head and assistant athletic trainers in an attempt to gain insight that would allow us to make connections between the thought processes of upper level staff members as well as the experiences of support staff within the department. Prior to conducting our research we received approval from our institutional review board.

Participants. Eleven volunteers, all of whom worked at a Division I University (ABC University), agreed to participate in the study. These participants worked at a university whose sports medicine department provided medical coverage for 22 non-FBS level men's and women's sports teams including approximately 500 student athletes. At the time the interviews were conducted, there were a total of 13 full time staff members working out of three athletic training room. At this institution the medical director of athletic training services sat atop of the reporting structure. This individual was a medical doctor and was responsible for overseeing all the athletic trainers on the staff. Underneath the medical director was an athletic trainer whose

title was director of athletic training services. This individual was responsible for managing the department and was recognized as the leader of this group. Beneath the director of athletic training services was the head athletic trainers who ultimately were in charge of the assistant athletic trainers and graduate assistants that worked within the department.

At ABC University, athletic trainers did not follow a typical athletics model where each athletic trainer was assigned a sport and was in charge of handling every task associate with that team. ABC University was different in that the director of athletic training services asked members of the staff to coordinate care for a particular sport. The difference between being assigned a sport and coordinating care for a sport was that these participants had the ability to utilize other staff members to ensure the best quality health care was provided for the student-athletes.

In addition to our primary participants at ABC University, we also included two participants, who also worked at institutions using the medical model, as a form of data source triangulation to help establish credibility.[30] One of these participants was part of a 17-person staff that provided sports medicine services for 26 men's and women's teams. At this University, four athletic training rooms provided medical services to the student-athletes. Additionally, our second source of triangulation worked as part of a 13-person staff that provided coverage for 39 athletics teams out of four athletic training rooms. Overall, our participant panel included five females and eight males whose average age was 38 years old (38 ± 10). **Professional life.** All 13 participants were full-time staff members at Division I Universities with a medical model infrastructure. Participants had 15 years of overall athletic training experience (15 ± 9 years). Of those years in the profession, participants averaged 8 ± 6 years at their current institution. Throughout the calendar year, participants reported working 50 ± 8 hours. Advanced degrees

were common among our participant population as every participant reported having an advanced credential. Most individuals possessed a master's degree (n= 12) and one had a Ph.D. Despite having advanced degrees and an average of 15 years of experience the, five participants reported being unsatisfied with their current salary. While five participants reported being unsatisfied with their salary, it is important to note that the average salary at this organization was and currently that tops the national average for athletic trainers.[31] **Personal life.** Out of the 13 participants seven were married and six were single. All spouses were employed in some fashion. Of the individuals who were married, five had children and two did not.

Data Collection Procedures. Prior to data collection, each participant was asked to review and sign a consent form that outlined the purpose of our study and their rights as a participant. The primary researchers utilized the literature and research agenda to design the study protocol including the interview framework. The interview framework reflects previous research examining organizational infrastructure and workplace issues.[21,32,33] Prior to collecting data, a peer-review of the semi- structured interview guide was completed by an expert in the field of human resource management, athletic training, and workplace issues. After receiving feedback from the peer, changes were made to the structure of the interview guide and the study was submitted to the institutional review board. After receiving approval, active recruitment of participants was initiated. Primary participant recruitment was initiated through the head athletic trainer at the University. The head athletic trainer was contacted to determine staff interest in participating in the study as well as help with the recruitment process. After contact was made with the head athletic trainer, all 13 staff members at the target university were sent an email containing information about the study. After receiving majority interest (11/13 staff members) from ABC University, in-person interviews were scheduled. A phone interview was completed

Demographic Information

Participant Pseudonym	Age	Sex	Years of Experience	Years at Current Job	Average Hours Worked Per Week	Education Level	Marital Status	Spouse Employed	Children
Abby	41	F	18	16	45	Masters	Married	Yes	4
Alex	27	M	6	3	42	Masters	Single	No	0
Allison	36	F	14	8	45	Masters	Married	Yes	0
Andre	40	M	9	6	50	Masters	Married	Yes	2
Jason*	32	M	10	4	70	Masters	Married	Yes	1
Joe	30	M	9	2	48	Masters	Married	Yes	0
Katelyn	28	F	3	3	45	Masters	Single	No	0
Leah	26	F	4	3	60	Doctorate	Single	No	0
Mary	33	F	11	4	45	Masters	Single	No	0
Matt	33	M	11	9	45	Masters	Single	No	0
Sam	53	M	30	21	48	Masters	Married	Yes	3
Thomas	56	M	31	8	54	Masters	Single	No	0
William*	58	M	35	18	50	Masters	Married	Yes	2
Average	**38**	------	**15**	**8**	**50**	---------	---------	---------	---------

Table 1: Participant Demographic Information

* Signifies participants used for data source triangulation

for 1 participant because of a scheduling conflict. At the time of the interview participants completed the paper and pencil consent form and demographic questionnaire. The participant who completed the phone interview was emailed the paper and pencil forms and returned all paperwork to the researchers via email. Following completion of the paper and pencil forms, a semi-structured interview was conducted to allow for as much discourse between the researcher and participant as possible. Informal dialogue allowed participants to share and volunteer information whenever possible.[34] Interview sessions lasted between 25 and 50 minutes and were recorded for transcription purposes. Recordings from the interviews were then transcribed by members of the research staff as well as a professional transcription agency.

Data Analysis. Prior to the analysis of our data, participants were assigned pseudonyms and all corresponding documents were labeled with only the given pseudonym. This step helped to keep the researchers blinded while reading through transcripts and demographic information. *Qualitative Analysis:* Analysis procedures followed the general inductive process, a common method used in health and social science research as described by Thomas[35] and Creswell.[36] This method of analysis was selected to help uncover the most dominant themes from the interview responses as it relates to the specific aims of the study. Data analysis was guided by the following steps: 1) responses were read in their entirety to gain a sense of the data and the subjects' holistic experiences, 2) initial codes were evaluated, 3) characterizing and coding significant phrases (meaning units) from each transcripts was then completed, 4) and lastly meaningful units were positioned into clusters and themes. For a theme to be established, meaning units had to be presented by at least 50% of the study's subjects, a strategy similar to that used by authors of other qualitative studies.[37,38] To arrive at our 50% benchmark, we used

the process of enumeration whereby transcripts were coded and we counted the number of participants who were coded within that theme.

Credibility. Data source triangulation and peer-review was used to create credibility within the data. Two of the participants in the study were interviewed with the intention of creating triangulation of the data. Peer review was utilized to ensure the quality of the interview content and ensure the purpose of the study was being evaluated. Additionally, transcripts were analyzed by at least two different researchers. Once each researcher individually coded data they meet to discuss their findings. During this meeting the authors discussed the emergent themes. Authors were in complete agreement with the analysis process before moving to the peer review process. Drafting of the results section helped to limit researcher bias. Bracketing was used to help reduce researcher subjectivity and bias. [39,40] Researchers identified their own personal beliefs and experiences regarding the factors involved in this model and their own career intentions and articulate them in writing to identify if biases entered into data analysis. It is important for researchers to identify their own beliefs to ensure they are not interpreting results in a prejudiced manner.

Results

After initial analysis of our data three dominant themes emerged- role congruity, worktime control, and collegial relationships (Table 2). The separation of the athletic training department from the athletics department became a noticeable subtheme within the area of role congruity. Similarly, professional commitment appeared to be a subtheme of collegial relationships. Each of these themes and subthemes are presented with supporting quotes.

Role Congruity	The ability of our participants to understand their role within the department and how their efforts as a healthcare provider affect the patients they treat.
Worktime Control	The ability of our participant to effortlessly modify their schedule based on daily personal and professional needs.
Collegial Relationships	The sense of community, collegiality, and cohesion within the department.

Table 2: Operational Definitions

Role Congruity. Role congruity emerged as a concept where our participants (12/13; 92%) were acutely aware of their role within the organization and how their contribution as a healthcare provider affects the patients they treat. When questioned about his role within the department, Alex who had been on staff for 3 years stated, "As far as my role with the department, I definitely know what role I serve and how I can serve the department and how I can serve the patients." Similarly, Allison noted that "Yes, it's laid out pretty clear what's expected of you; what things you should be doing, what things you shouldn't be doing and so forth." Thomas, one of the athletic trainers in a supervisor role, commented on how members of the staff all reach this level of role congruity. He specifically spoke towards the expectations for each staff member in terms of work-life balance.

> "What I do say to people who come to work here is that, family, things more important that... there should be things in your life as important or more important than your job. And there are opportunities that present themselves in your life that you won't have a chance to do again, and you should not miss those. If neurosurgeons can go on vacation, athletic trainers can go on vacation."

For Jason, a participant we utilized for data source triangulation also spoke about how he was afforded role congruity as his institution. He noted "And so we do have open feedback. I certainly understand my role within the department and knowing that I've got to try to fit the mission of our overall department." Our results show that this model is effective in creating a situation where participants fully understand their role and are able to see positive benefits from this understanding regardless of institution.

43

Separation from Athletics. Role congruity was shaped by the idea that because the

athletic training services were independent from athletics, it provided a "separation" and allowed

for the athletic trainer to, without discord, provide appropriate care that aligns with their training

and role within the organization. This connection between role congruity and separation created

a resultant sub-theme that was mentioned by many staff members. Alex spoke about the

importance of separation during the interview session. Separation, for him, was viewed as a

positive aspect for him and the organization. He said,

> "As long as we could move it out of athletics. As long as we could remove the conflict of
> interest and instill that the medical professionals have the full authority of the patient care
> then I think we could do that."

Katelyn and Joe in separate interview sessions also made comments, which reflect Alex's

statements about separation allowing for congruency. Joe mentioned how their goal as a staff is

to provide optimal care for their patients and having supervisors who can understand and respect

it: "Our goal [everyday] is to provide the best care of the athlete, so it's important to understand

that that's what we're doing is, we're trying to get them the best care." Katelyn believed that the

separation between athletic training services and athletics allowed the staff to best care for their

patients. Katelyn gave an example about medical care and an athletic trainer's decision making

as an area that she felt the patient-centered model was needed,

> "I think the pressure of making decisions. Specifically, medical decisions. Obviously,
> about our student athletes we don't have the same pressures from coaches. Yes, they're
> going to be upset that you, if you pull somebody for a certain injury or if you say
> somebody cannot play, but at the end of the day I am not going to lose my job over it. I
> know that I have the full support of our supervisors and our director and our medical
> director to make the decision in the best interest of the patient and that is all that matters."

Role congruity within this athletic training staff was developed because of a patient-centered

model that allowed for role understanding and a workplace that allowed for the athletic trainer to

function in alignment with their healthcare training.

Worktime Control. Operationally defined by our participants' experiences, worktime control is the ability of an individual to effortlessly modify one's work schedule in response to their daily needs as a professional and individual. This control allows individuals some sense flexibility in the workplace. For a workplace to be considered flexible it traditionally consists of flexibility in the scheduling of hours, flexibility in the number of hours worked, and flexibility in the place where work is completed.[41] Analysis revealed that our participants (10/13; 77%) spoke about worktime control and the positive influence it had on their work experience, specifically as it relates to scheduling of work hours. Leah, Katelyn, and Alex, who all had spent 3 years at the institution quickly felt the effects of worktime control. Leah noted that "I like that you are able to be sick because some places in season you can't be sick, but here if you are sick you aren't coming into work." Alex who enjoyed the opportunity to have take advantage of flexible scheduling spoke about how he was able to modify his schedule based on the demands of the sport he was responsible for:

> "For instance, our athletic training room opens at 9:00 in the morning and closes at 6:30. However, women's basketball practices in the morning 8 o'clock. So I get here at 7 and I leave at 3:30 or 4 depending on how things go. So I have the flexibility and opportunity and that's the set schedule."

Work time control allowed many of the athletic trainers the chance to have a normal work-life balance, and engage in outside interests and hobbies. A point made by Andre, "Yea just personal life and space and being able to maintain a separate space from career to just advancing privately in interest. Whether it be hobbies or family life with both my wife and children."

Additionally, members of the staff with children also experienced some level of flexibility that positively influenced their work life balance. Abby, a mother of 4 who had spent 16 years at the institution, stated:

"I am afforded some flexibility to do some things I need to do for my child. For example, kids get sick and I don't hesitate with being able to call in. If I need to take care of my child we can do that. We have that kind of flexibility."

William also mentioned worktime control as he described how his athletic training department, separate from ABC University was able to create worktime control for their staff members. His comments echo some of the same principles we had heard from our participants at ABC University.

"The other thing we do is we have planned scheduled mornings off…" " That's when I cut my grass. That's when I rake my leaves. That's when I wash my car. That's when I can go do my shopping. I schedule my doctor's appointments and things like that so our work/life balance is something I'm proud of."

Our findings do not appear to demonstrate that gender or years at the institution influences one's perception of worktime control as parents and both male and female staff members commented on the benefit of a controllable work schedule. The general feel amongst the staff shows the prevalence of autonomy in the workplace. Members appear to value this control as it affords them the ability to balance work and life responsibilities while also helping to eliminate role strain.

Collegial Relationships. The relationships amongst staff members at ABC University and the environment this produced emerged as a positive aspect of the patient-centered model offered within this institution. The participants (13/13; 100 %) described a sense of community, collegiality, and cohesion. When asked what he enjoyed the most about his current position Alex said, "I think the number one thing I like is the sense of community, the sense of family, and how close our staff is." Matt described a collegial atmosphere in reference to what he loved about his job, "you know, so we have this really strong, cohesive family like environment that we share the responsibility for everything, which is wonderful…"

Corroborating this concept of support, family, and teamwork, Sam references a similar

story about the importance of not missing out on family or social engagements because of work

conflicts. Sam shared,

> "You know, I can think of a specific example where a staff member was newly hired, and was on the phone and said "No, I can't make that wedding, I have to work, it's the weekend, we have a game" and we said "Call that person back, and tell them you're going, we'll cover for you."

Cohesion and support amongst the staff at this university was evident and summarized

well by our participant Sam. In response to the impact that staff relationships have on on her

work-life balance Sam remarked

> "I think that helps, and the support we get also to go away, and get to that family vacation, or whatever it might be, a relatives wedding. You know, I think we have a good support system here."

The relationships as described by our participants who worked within a patient-centered

model appeared to be collegial and supportive of the various roles a person can have, including

those that are non-work related and viewed as equally as important. These opinions were backed

up by William who spoke about the presence of collegiality at his institution. He explain *"…so*

for instance I dont have to come in until 2:00 tomorrow. So, somebody else will cover for me if

necessary if one of my athletes comes in." His statement helps to support the opinions of our

participants at ABC University and shows how these collegial relationships exist at other

institutions utilizing this model.

Professional Commitment. In addition to the collegial relationships and the environment

this produced, staff members also spoke about the effects their environment had on their level of

professional commitment. Professional commitment not only encompasses commitment to the

field of athletic training, but also commitment to one's institution. Based on our participants

perceptions of how collegial relationships shaped their professional commitment, we categorized

professional commitment as a sub-theme of collegial relationships. Alex, who noticed a strong correlation between the environment and his professional commitment to the profession remarked "Being in a place that has attracted some of the brightest minds clinically keeps me motivated. Making sure that I am staying up to par.

Additionally, Katelyn spoke about how her collegial relationships impacted her decision to stay at ABC University. "I have the flexibility to take time off if I need and they really push that the whole family first mentality. That's one of the reasons why I have stayed here for the past four years."

Opinions of our participants has shown that, within this university, the presence of motivated individuals and an environment that stimulates professional growth helps to keep athletic trainers committed to both the profession and their institution.

Discussion

There have been discussions empirically[32] and anecdotally[4] that the medical model of providing athletic training services can improve the quality of life for the athletic trainer, as it reduces role incongruence professionally and decreases worktime, thereby increasing personal and family time.[4,32] The medical model is a vastly different organizational infrastructure from the athletics model, as athletic trainers are directly reporting to a physician, a licensed medical care provider, as opposed to being supervised by an individual with no medical training or credentials. Despite the suggested benefits of the medical model[4,32] very few data exist documenting the perceived benefits related to quality of life. During our examination of this model at ABC University, we have noted that role congruity, worktime control, and the collegial relationships are benefits of the model that play a vital part in ensuring positive quality of life for athletic trainers. The information we gained from our study directly aligns with previous reports

of these benefits. Additionally, our study provides new insight into how this organizational structure provides a separation from the athletics department, which ultimately drives the success of this model.

Role Congruity. Role congruity plays a key part in overall satisfaction as it can help to eliminate uncertainty during daily tasks as well as bring a sense of accomplishment in being a part of a team.[21,32,33] For our participants at ABC University, role congruity referred to their level of understanding in regards to what their role was within the department. According to our participants, the majority of staff members have a very clear understanding of his/ her role within the department and what is expected on a daily basis. An important part of role congruity is communication as it allows for members of a staff to properly understand their role as well as express personal and professional needs.[33] Expectations at this University are clearly communicated by the supervisor which helps to eliminate confusion in daily tasks and leads to a strong sense of role congruity. One expectation that is emphasized from the beginning is the use of benefits such as time off and a controllable schedule. This expectation is clearly explained by the supervisor and supported by all members of the staff. This type of scenario is unique because the pressures associated with the Division I setting often make it difficult or uncomfortable for individuals to take advantage of time off. One study reported that in intercollegiate athletics it has been found that benefits usage is "average at best and benefits are often perceived differently by athletic director's and senior women's administrators." [42 p. 154] This type of support and expectation is a benefit of the medical model because it allows individuals to make time for activities outside of work.

Another expectation of ABC University, and more appropriately a product of the medical model itself, is that they maintain a patient-centered model. This means that the patient (in this

case the athletes) are the central focus and everything should be done to ensure that the athlete receives the best possible care.[4] When emphasis is place on providing the best possible patient care, it not only benefits the patient, but also the athletic trainer.[4] While the benefits for the patient are obvious, we need to step back and look at the realm of athletics to understand how the medical model and patient centered care benefits the athletic trainer.

The athletics model places sports medicine services under the department of athletics. In this setting fear of job termination, coaches attempting to control medical decision making, and decreased consideration in regards to funding have all been identified as challenges that athletic trainers may face.[4] These challenges can make it difficult for athletic trainers to do their jobs efficiently and ethically. However, the medical model calls for a separation from the athletics department that can help to alleviate these conflicts. Our participants spoke avidly about the importance of this separation and how it has positively affected their ability to do their job. This separation from the athletics department really seemed to be the key part in creating not only quality of life for athletic trainers, but also allowing this staff to provide the best possible health care for their athletes. Athletic trainers notice a decrease in outside pressure from coaches and fear of termination while gaining an increase in medical authority and clarity in decision making. The results from our study help to bolster the current literature by affirming that creating a separation from the athletics department allows for athletic trainers to complete their work ethically and effectively.

While communication of expectations is important in regards to developing role congruity, it appears that the separation from athletics allows for athletic trainers to fully engage in their role as a health care provider. This finding brings uniqueness to our study as we are now able to provide backing for this shift to the medical model as there is evidence to show it not

only helps increase quality of life for athletic trainers, but also helps these athletic trainers provide better quality patient care. It has been shown that it can be stressful for professionals who experience role conflict/ambiguity.[13] A sports medicine department housed within the athletics model can be subjected to additional levels of role conflict and incongruity while being supervised by an individual with no medical background.[4,21] For our participants, the movement to the medical model organizational infrastructure has allowed for a clearer understanding of their role and has created an optimal situation that allows for a patient centered approach to health care which should in turn lead to better care for the athletes.

Worktime Control. Previous research has shown that athletic trainers benefit from a flexible and controllable work schedule.[11,12,28,29] Our results parallel those findings as 77% of our participants spoke about the importance that worktime control had in creating a positive and balanced quality of life. The perceived benefits of having control over one's work schedule are not novel,[9,25,33,43] however, our findings are unique in that we have seen participants working in a medical model infrastructure comment on how this model allows for more autonomous scheduling. Having the ability to utilize sick time, carve out time each day to attend to personal responsibilities (ie. bills, doctor's visit, etc.), or simply enjoy a day off was important to our participants. Additionally, parents felt as though they could adequately attend to parental duties because they were afforded some control in how they completed a workday. Control over work schedules can be beneficial to any working professional, but more so to parents as they can navigate the many responsibilities that accompany being a parent as well as those of a working professional.[9]

Additionally, use of the "STAR" approach has been shown to have positive effects on work-family conflict.[25] Similar to the worktime control afforded at ABC University, the "STAR"

approach emphasizes flexibility in work scheduling as well as supervisor support of flexibility. Organizations that place emphasis on the core values found within the "STAR" approach have positively affected the work-life balance of their employees.[25,28] Our participants shared situations that suggest the "STAR" approach was utilized and this decreased level of work-family conflict they experienced.[25] As mentioned the "STAR" approach very closely correlates with the type of structure at ABC University. We too found that employees value this type of autonomy in their scheduling and it directly affects their ability to create work-life balance.

Our findings regarding worktime control can provide a unique perspective, one that contrasts the current definitions presents in the literature. In the workplace, flexibility can be classified as operational or temporal. Operational flexibility is the ability of an individual to determine how their work is completed without outside influence.[44] In essence, individuals are able to complete their work without unnecessary monitoring or insight from supervisors or co-workers. On the other hand, temporal flexibility gives the employee the ability to decide the hours in which they work.[44] This form of flexibility allows the individual to adjust their work schedule based on their individual needs. It has been shown that operational flexibility increases overall work satisfaction and leads to a more functional family setting while temporal flexibility has no effect on one's work-life balance.[43] Our participants often spoke about the ability to control their schedule in regards to taking time off for outside engagements, leaving early to fulfill parental duties, or the ability to come in late because of working late the previous night. Based on the responses from our participants, it appears as though these employees value operational flexibility (i.e. separation from athletics) as it affords them the ability to make appropriate medical decisions that are not restricted by outside sources. However, we also found that our participants value temporal flexibility because it allows for more worktime control. It

appears members of this staff value both operational and temporal flexibility equally because of the effects on overall satisfaction, commitment, and work-life balance. While this finding is contradictive, it may in fact be a product of the demands of the athletic training profession. Research has shown that athletic trainers consistently work over 40 hours in a week and are often working 6-7 days.[12] Currently, athletic trainers across the nation are reporting that they work an average of 56-60 hours per week and these numbers may increase to 70+ hours in some collegiate/professional settings.[31] The average amongst the participants in our study suggest that these athletic trainers are working an average of 50 hours per week. It is likely that our participants understand the challenges of managing working hours in athletic training. Because of this they were able to value their ability to have temporal flexibility to combat the daily demands of working around an athletics schedule.

Collegial Relationships. Cohesion, teamwork, and collaboration have been reported as important workplace strategies for work-life balance as well as satisfaction.[10–12,28,32,33] Our participants reiterated what has been reported in the literature[28] that job sharing among athletic training staff members can cultivate a positive workplace that can support work-life balance.[28,33] This is often accomplished because job sharing via teamwork, allows for flexibility as well as a reduction of the workload for each athletic training staff member. With long, arduous hours, and many responsibilities, athletic trainers may begin to struggle both mentally and physically as they attempt to handle their work-load; and this can spillover into personal and family time.[7,11,12] When a supportive climate has been created via co-worker support and respect of outside obligations, it can create work-life balance.[9–12,28]

In order for a group of individuals to embrace teamwork and support one another, they must have a strong leader who shares the same passion for cohesion as well as for the need to

have balance Our results demonstrate this, as the supervisor at ABC University takes it upon himself to become a strong model for what he expects from the rest of the staff; a finding previously found in the college setting regarding work-life balance facilitation.[9–12,28] Our participants, much like those in Mazerolle and Goodman's study,[28] often spoke about how the supervisor supports them and works to be a model for work-life balance.

In addition to support from the supervisor it is important for members of the athletic training community to feel supported by their peers. Studies have shown that athletic trainers, parents in particular, feel that co-workers without kids cannot relate to the demands of parenthood.[7] Likewise, athletic trainers with children also feel that their work environment is not supportive of the demands of being a parent. [7] Our results directly contradict the aforementioned statements. Parents at ABC University felt supported in their parenting role and spoke about the efforts made by other staff members to meet the needs of a working parent. The increased ability to manage parenthood responsibilities and work responsibilities is in some ways related to the medical model infrastructure. The medical model makes it possible for a multi-provider approach to managing the healthcare of a sports team. For example, if the athletic trainer who primarily covers women's soccer needs to pick her child up from daycare while soccer practice is going on, the athletic trainer for women's basketball can provide coverage. This infrastructure is not only beneficial to parents, but can also benefit someone who has a family engagement to attend.

Our participants at ABC University noted how the presence of collegial relationships positively impacted their professional commitment. Current literature shows that when professional commitment is hindered individuals tend to leave their profession.[13–16] This departure can be due to lack of support, compensation, inflexible scheduling, as well as changes

in priorities.[13–16] Regardless of the reasoning, it is important to note that when certain needs are

not met professional commitment waivers and departure is prevalent. However, in situations

where rewards, rejuvenation, and respect, are present, and important driving forces are behind an

individual, they often remain in the profession because their professional commitment is high.[13–16] On average participants from ABC University had spent 8 years at their current university. Our

participants felt very strongly that their relationships supplied them with the necessary benefits

(i.e. support, respect, etc.) which helped impacted their decision to stay. Additionally, the high

level of excellence and knowledge amongst the staff helped to keep staff members motivated and

committed to the profession of athletic training. Staff members felt compelled to continue to

grow because other members of the staff are constantly striving to better themselves.

Application of Findings

Through our study we were able to see how athletic trainers working within the medical

model organizational structure are affected by benefits such as role congruity, worktime control,

and collegial relationships. We recognize that these benefits positively impact important areas of

our participants careers such as WLB, role strain, job satisfaction, and professional commitment.

We do realize that these benefits are possible outside of the medical model. However, regardless

of the model it is important for employers to address these areas within their department in an

effort to increase the overall working experience for their employees.

The impact of creating separation between athletic training services and the athletics

department was a key finding in our study. This separation created a platform that allowed the

athletic trainers to take advantage of benefits as well as conduct their work ethically and

effectively. As supported by the NCAA's implementation of independent medical care, our study

suggests that creating separation between the athletic training department and the athletics

department can provide athletic trainers unchallengeable authority in decision making and afford them opportunities to create a positive quality of life. It is important for athletic training departments to explore the cumulative effects of this type of separation and decide on an individual basis how best to move forward.

Limitations/Future Research

Our study is not without limitations. To start, our preliminary work contains the insight of individuals from only one University. While the medical model is not the most widely used reporting system in collegiate settings, more than one university does utilize this infrastructure. As various minds come together to collaborate and infuse this infrastructure into practice, there will be varying opinions on the shortcoming and successes that exist. To fully understand this organizational infrastructure, it is necessary to incorporate additional insight from other universities. Thus, future research should be focused on targeting other universities with sports medicine departments that work under the medical model. Our target university provided services for 22 men's and women's NCAA Division I sports teams. However, this university did not participate in men's college football in any capacity. College football and the culture surrounding the sport creates unique pressures that can challenge the core values of the medical model. Constant availability of an AT, the desire of a head coach to have total control, and the general spotlight that surrounds the sport are just a few of the pressures that can make it difficult to fit Division I college football into the medical model. Future research should focus on gaining the perspective of individuals who work within the medical model and provide services for collegiate football. While it was not a main finding in our research, participants often spoke about the medical model as being patient centered, where the needs of the patient are put first. If this is truly the focus of the medical model, it is important to investigate the viewpoint of the

athletes that seek sports medicine services with this organizational infrastructure. Future research should focus on the athletes in the medical model as this input can help researchers understand what the model is doing well and see what areas could use improvement.

Conclusions

As a whole, participants at ABC University spoke very highly of their department and current employment situation. Participants referenced the presence of worktime control, role congruity, and a supportive work environment as positive aspects of working at this University. Based on their responses, we recognize that each one of these benefits plays a critical role in helping to increase work-life balance, job satisfaction, and professional commitment while decreasing role strain. The overarching theme that seems to be the driving force behind such high praise is the presence of the medical model. Frequently, members reported on how this organizational infrastructure provides for a much needed separation from athletics. This preliminary study of the medical model organizational structure highlighted how important it is to have a separation between the athletic training and the athletics department. Separation at this University allowed for this athletic training department to provide benefits that positively affected staff members' quality of life despite the challenges and demands of working within the athletics realm.

References

1. Loland S, Skirsta B, Waddington I. *Pain and Injury in Sport: Social and Ethical Analysis*. New York, NY: Routledge; 2006.
2. Neal M. Athletic trainers: our place in the medical model. http://at4at.weebly.com/blog/athletic-trainers-our-place-in-the-medical-model. Published 2014.
3. Scheid D. Room for change. NATA News. http://www.nata.org/sites/default/files/Collegiate-Healthcare-Model-Article.pdf.
4. Laursen RM. A patient-centered model for delivery of athletic training services. *Athl Ther Today*. 2010;15(3):1-3.
5. *Independent Medical Care for College Student-Athletes Best Practices*.; 2016.
6. NCAA Division I Manual. 2016;(August):1-414.
7. Eberman LE, Kahanov L. Athletic trainer perceptions of life-work balance and parenting concerns. *J Athl Train*. 2013;48(3):416-423.
8. Mazerolle SM, Eason CM, Pitney WA, Mueller MN. Sex and employment-setting differences in work- family conflict in athletic training. *J Athl Train*. 2015;50(9):958-963.
9. Mazerolle SM, Eason CM. Perceptions of National Collegiate Athletic Association division l female athletic trainers on motherhood and work-life balance: Individual- and sociocultural-level factors. *J Athl Train*. 2015;50(8):854-861.
10. Mazerolle SM, Goodman A, Pitney WA. Achieving work-life balance in the National Collegiate Athletic Association division l setting, Part l: The role of the head athletic trainer. *J Athl Train*. 2015;50(1):82-88.
11. Goodman A, Mazerolle SM, Pitney WA. Achieving work-life balance in the National Collegiate Athletic Association division l setting, Part II: Perspectives from head athletic trainers. *J Athl Train*. 2015;50(1):89-94.
12. Mazerolle SM, Pitney WA, Eason CM. Experiences of work-life conflict for the athletic trainer employed outside the National Collegiate Athletic Association division I clinical setting. *J Athl Train*. 2015;50(7):748-759.
13. Brumels K, Beach A. Professional role complexity and job satisfaction of collegiate certified athletic trainers. *J Athl Train*. 2008;43(4):373-378.
14. Kahanov L, Eberman LE, Juzeszyn L. Factors that contribute to failed retention in former athletic trainers. *J Allied Heal Sci Pract*. 2013;11(4):1-7.
15. Bowman TG, Mazerolle SM, Goodman A. Career commitment of postprofessional athletic training program graduates. *J Athl Train*. 2015;50(4):426-431.
16. Raedeke TD, Warren AH, Granzyk TL. Coaching commitment and turnover: a comparison of current and former coaches. *Res Q Exerc Sport*. 2002;73(1):73-86.
17. Pitney WA. A qualitative examination of professional role commitment among athletic trainers working in the secondary school setting. *J Athl Train*. 2010;45(2):198-204.
18. Schein EH. Organizatinal culture and leadership defined. In: *Organizational Culture and Leadership*. ; :21-42.
19. Frontiera J. Leadership and organizational culture transformation in professional sport. *J Leadersh Organ Stud*. 2010;70(10):71-86.
20. Mazerolle S, Pitney W, Parsons J, Eason C. *The Athletic Trainer in the Workplace: The Structure and Function of Work Organizations*.; 2016.
21. Mazerolle SM, Eason CM, Goodman A. Organizational infrastructure in the collegiate

athletic training setting, part II: benefits of and barriers in the athletics model. *J Athl Train*. 2016;51(12).

22. Anderson SE, Coffey BS, Byerly RT. The provision of formal and informal work-family practices: The relative importance of institutional and resource dependent explanations versus managerial explanations. *Women Manag Rev*. 2003;18:7-19.

23. Dixon MA, Sagas M. The relationship between organizational support, work-family conflict, and the job-life satisfaction of university coaches. *Res Q Exerc Sport*. 2007;(3):236-247.

24. Goh Z, Ilies R, Wilson KS. Supportive supervisors improve employees' daily lives: The role supervisors play in the impact of daily workload on life satisfaction via work-family conflict. *J Vocat Behav*. 2015;89:65-73.

25. Kelly EL, Moen P, Oakes JM, et al. Changing work and work- family conflict : evidence from the work, family, and health network. *Am Sociol Rev*. 2014:1-32.

26. Massey CD, Vincent J, Maneval M. Job analysis of college division I-A football strength and conditioning coaches. *J Strength Cond Res*. 2004;18(1):19-25.

27. Dixon M a, Bruening JE. Work – family conflict in coaching I : A top-down perspective. *J Sport Manag*. 2007;21(3):377-406.

28. Mazerolle SM, Goodman A. Fulfillment of work-life balance from the organizational perspective: A case study. *J Athl Train*. 2013;48(5):668-677.

29. Eason CM, Mazerolle SM, Goodman A. Motherhood and work-life balance in the National Collegiate Athletic Association division l setting: mentors and the female athletic trainer. *J Athl Train*. 2014;49(4):532-539.

30. Patton MQ. Enhancing the quality and credibility of qualitative analysis. *Health Serv Res*. 1999;34(Patton 1990):1189-1208.

31. Occupational outlook handbook. Bureau of Labor Statistics. http://www.bls.gov/ooh/. Published 2015.

32. Mazerolle SM, Eason CM, Goodman A. Organizational Infrastructure in the Collegiate Athletic Training Setting, Part III: Benefits of and Barriers in the Medical and Academic Models Christianne. *J Athl Train*. 2016;51(12).

33. Mazerolle SM, Eason CM, Goodman A. Organizational infrastructure in the collegiate athletic training setting, part I: quality-of-life comparisons and commonalities among the models. *J Athl Train*. 2016;51(12).

34. Patton MQ. *Qualitative Evaluation and Research Methods*. 2nd ed. London: Sage Publications, Inc; 1990.

35. Thomas D. A general inductive approach for qualitative data analysis. *Am J Eval*. 2006;27:237-246.

36. Creswell J. *Qualitative Inquiry and Research Design: Choosing among Five Traditions*. 2nd ed. San Francisco: Sage Publications, Inc; 2006.

37. Mensch J, Mitchell M. Choosing a career in athletic training: Exploring the perceptions of potential recruits. *J Athl Train*. 2008;43(1):70-79.

38. Pitney WA, Parker J. *Qualitative Research in Physical Activity and the Health Professions*. Edwards Brothers; 2009.

39. Flood A. Understanding phenomenology. *Nurse Res*. 2010;17(2):7-15.

40. Fischer C. Bracketing in qualitative research: conceptual and practical matters. *Psychother Res*. 2009;19(4-5):583-590.

41. Center GUL. Flexible Work Arrangements: A Definition And Examples. *Memos Fact*

Sheets. 2010.
http://scholarship.law.georgetown.edu/legal/10%5Cnhttp://scholarship.law.georgetown.edu/legal/10/.

42. Dixon MA, Tiell B, Lough N, Osborne B, Bruening JE. The work / life interface in intercollegiate athletics. *J Study Sport Athletes Educ*. 2008;2(2):137-160.
43. Clark SC. Work cultures and work/family balance. *J Vocat Behav*. 2001;58(3):348-365.
44. Bailyn L. *Integrating Work and Family: Challenges and Choices for a Changing World*. (Parasuraman S, Greenhaus J, eds.). Westport, CT: Quorum Books; 1997.